

## Division of Child and Family Health- Newborn Screening Follow-Up Program

## **Beta-Ketothiolase Deficiency (BKT)**

Health Care Professional Fact Sheet

A newborn screening test is a <u>screen</u> and not diagnostic testing. An "abnormal" or "critical" result on a newborn screen indicates the baby may be at a higher risk of having a disorder; however, it does not diagnose the baby with the condition. Follow-up testing is <u>vital</u> to determine if the baby has the disorder indicated. In the event the condition is diagnosed, timely follow-up testing will result in earlier treatment and better outcomes.

**Disorder Indicated:** Beta-Ketothiolase Deficiency (BKT) is a condition in which the body cannot break down certain proteins or produce ketone bodies (store energy) due to an inherited enzyme deficiency. This results in an accumulation of organic acids in the body. If left untreated, BKT could cause brain damage, coma, or death. However, if the condition is detected early and treatment is begun, individuals with BKT can have healthy growth and development.

	Inviduals with BK1 can have healthy growth and development.
Incidence	Rare, estimated 1 in every 1,000,000 newborns.
Analyte Measured	Primary Marker: C5:1 (tiglylcarnitine)
	Secondary Marker*: C5-OH (3-hydroxy-isovalerylcarnitine)
	*an abnormal secondary marker paired with an abnormal primary marker will result
	in critical group and require referral and diagnostic testing
Normal Test Results	C5:1 < 0.10 μmol/L
Abnormal Test Results	C5:1 ≥ 0.10 μmol/L to < 1.0 μmol/L
Critical Test Results	C5:1 ≥ 1.0 μmol/L
	(Critical results require immediate evaluation and follow-up)
Signs and Symptoms	When a child has Beta-Ketothiolase Deficiency, you may see symptoms including:
	Poor appetite
Please note: these findings	Sleeping longer or more often
may not be present in	Tiredness
young infants or in milder	Vomiting
forms of the disease	Breathing difficulty
	Symptoms can be triggered or exacerbated by periods of fasting, illness, or infections.
Next Steps <i>may</i> include:	Discuss the next steps of evaluation and possible treatment with
	the regional Geneticist
	Provide parental education (see accompanying sheet)
	Clinical Assessment
	Assay: Urine Organic Acids, Plasma Acylcarnitine
Treatment (if indicated)	Restricted diet (Discuss with the regional Geneticist)
Additional Resources	VDH Newborn Screening <a href="http://vdhlivewell.com/newbornscreening">http://vdhlivewell.com/newbornscreening</a>
	Baby's First Test <u>www.babysfirsttest.org</u>
	American College of Medical Genetics (ACMG) ACT Sheets www.ACMG.net
	Genetics Home Reference <u>https://ghr.nlm.nih.gov/</u>
	Organic Acidemia Association <a href="http://www.oaanews.org/">http://www.oaanews.org/</a>

Educational content adapted from www.babysfirsttest.org



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